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ABSTRACT

The successes of Associate Degree Nursing (ADN) programs since their inception in 1953 have been extensive. They include the training of 310,000 nurses, nearly one-quarter of the licensed nurses in the U.S., and the provision of competent, caring, and responsible service in hospitals, clinics, and other settings. The role of an Associate Degree (AD) nurse is central as the primary direct caretaker, the patient's advocate and resource, and an intrinsic part of the health care team. Besides these important functions, the AD nurse is an outstanding candidate for supervisory and leadership positions and can easily make the transition to baccalaureate and graduate nursing programs. The needs of the profession are changing because of advances in medical technology, an older population, issues emerging from the women's movement, and an increased consumer awareness. More baccalaureate and graduate nurses will be required; the proposals of the 1970 Lysaught Report, which recommends two related but different career patterns, professional and technical, should be accepted; and modification of baccalaureate programs to accommodate ADN graduate transfers should be encouraged. Though AD nurses will not become a relic of the past, the trend at present is toward raising educational qualifications in the nursing profession and toward increasing the articulation of ADN and baccalaureate programs. (HB)

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REALITIES AND POSSIBILITIES

Cecily Lynn Betz

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REALITIES AND POSSIBILITIES

Salutations: I would first like to preface my remarks by stating that I am indeed honored to speak before such a distinguished group of nurses and other individuals deeply concerned about the current realities that face us in nursing as well as our profession's future possibilities. I am also delighted to speak here today for yet another reason and a purely selfish one. I take special pride to speak about the accomplishments of the Associate Degree Nurse as my own "roots" in nursing were germinated and nurtured in an Associate Degree Program of Nursing at Pasadena City College. I feel strongly that the foundation of nursing knowledge and skill learned during my experience at PCC provided the impetus for my own professional growth and development.

Since the inception of Associate Degree Programs in Nursing in 1953, more than 310,000 men and women have graduated from these programs. This number accounts for nearly 25% of the total licensed nursing community across the United States. Currently, nearly 50% of the graduates of professional nursing programs are products of Associate Degree Programs. In California alone, nearly 70% of the nursing graduates come from Associate Degree Programs. It is indeed a remarkable achievement that in a relatively brief span of time the Community College Nursing Program has become one of the most viable resources for educating future aspirants into the profession of nursing. Obviously these programs are doing something "right" or they would not be so successful. I would like to elaborate about why I think Associate Degree Programs are so successful. The reason is simple enough. Graduates of these programs have been, are and continue to be competent, caring and responsible

nurses. They are the backbone of the body of nurses in practice everywhere--in hospitals, clinics and a variety of other practice settings. In most cases, it is this professional nurse who is at the bedside caring for a critically ill patient. It is this nurse who is seen comforting a parent of a sick child who is ravaged by the child's condition. It is this nurse who is providing health teaching to senior citizens in the community. In short, it is the Associate Degree Nurse who is found in most cases at the bedside providing support in terms of physiological and psychological needs of the patient.

The achievements of the Associate Degree Graduates are evident by their impressive numbers in acute, ambulatory and extended care facilities. Health care administrators and Directors of Nurses are actively recruiting this group of professional nurses, because their performance is testimony to the fact that they are clinically competent to deal with the challenges and rigors of ailing patients. They are asking for more of these nurses not less.

Most importantly, validation of the care and concern demonstrated by this group of nurses is evidenced by the grateful and recovering group of patients they take care of. Unfortunately, the positive and praiseworthy notice from patients goes unheralded or even worse is taken for granted. Only recently, as a result of the nursing shortage, has this glaring fact been illustrated so well. No nurses, no patients. Nurses are a necessary and essential group of health care professionals whose membership in the health team is needed to assure and promote the health status of the patient. No other professional member of the health team is in a more advantageous position to assess and evaluate the effects of treatments and care designed

to alleviate the ill effects of the disease or other pathological condition that the patient has. The Associate Degree Nurse has the knowledge and skill to do this. Besides being the primary direct caretaker, this nurse is the patient's primary advocate and resource. The care provided to the patient by this nurse, makes as well as justifies the importance of this role as a member of the health team. Physicians, pharmacists, social workers, occupational therapists, respiratory therapists are all dependent upon this nurse for her knowledge of the patient and her technical competence to care for him/her. The input provided by the nurse as well as other members of the health team promote and insure that the patient will receive the best efforts of all involved. The achievements of professional nursing in delivery of care assure and solidify our position as a knowledgeable competent and technically expert practitioner.

Achievements of Associate Degree Graduates do not end here either. For whatever personal and professional reasons, this technically competent practitioner has a variety of options to choose from to advance her professional commitment and career. Often times, Associate Degree Nurses are promoted into supervisory and other leadership positions in the organizations they are members of. Their solid educational background and demonstrated clinical competence makes them outstanding candidates for more complex and demanding nursing responsibilities. From my own experience, I can cite several examples of former students who in a relatively short period of time had assumed beginning leadership positions in hospitals.

Besides the myriad of opportunities for clinical advancement the Associate Degree Nurse has other options open to her/him. They may decide to pursue further studies in nursing to expand upon the basic foundation

established during those two years of education. The educational opportunities are available as well as accessible for these nurses. In most cases an A D Nurse can easily transfer or challenge courses so that the transition into a baccalaureate program is done with no/minimal loss of previous educational credit. In fact, R N students of baccalaureate programs typically bring such a wealth of applied knowledge and experience that they have no problems in excelling in their academic pursuits.

The educational foundation in nursing established during their experience in Associate Degree Programs is academically sound and valuable to make the transition easily. This is testimony again to the fact that the quality of their educational program is not terminal in its scope but rather expanisve. I might add too that educational opportunities for the Associate Degree really has no limits. It is entirely up to the individual given their own propensities and life circumstances to decide just how far they want to go. As an example the Assistant Dean of our program at UCLA Dr. Betty Chang is a former Associate Degree Graduate. In fact she is a graduate of the program at Pasadena City College.

I have attempted to high light briefly the achievement realities and possibilities available for graduates of Associate Degree Programs. However I would like to make mention of what I feel is a particularly significant element in the demonstrated success of these programs. These programs provide outstanding educational and career opportunities for all groups of individuals especially for those people whose life situation may not have enabled them to enter nursing practice had a program such as offered at our Community Colleges not been available. The research demonstrates that students of A D Programs tend to be older, have more family responsibilities

as well as financial constraints that precludes attendance at other institutions of higher learning.

Reflecting back on my own experience as an instructor at a Community College, I remember the large numbers of men and women some of whom were parents, some who decided to embark on new and different career paths and others who had limited financial resources and basically whose desire to be of service brought them to our program. The motivation and work habits of these students stood the test of the rigors and demands of their training. I was glad and grateful to be a small part of their quest to go forward because other avenues for the future were not possible. Subsequent reports from these former students of mine are gratifying. They have grown in significant personal and professional ways. They feel a sense of satisfaction and contentment for a job well done as well as a desire to reach for more. Our profession should congratulate itself for being in the vanguard to maximize career opportunities for all people no matter their stage or station in life.

However in recounting the achievements of Associate Degree Programs and graduates of these programs we must evaluate the present with an eye to the future. Our profession is undergoing profound changes in terms of redefining the scope of practice and nature of the profession itself. This transition in status and identity of our profession has been precipitated by a variety of factors. Firstly, our rapidly growing and expansive technology in health sciences requires a practitioner that is highly skilled and knowledgeable to meet the new demands expected by these developments. Secondly, the life span of individuals has progressively increased over the years. A larger proportion of our population is older and thus exposed

to a myriad of health problems and condition heretofore minimally existant. Again, competent and skilled practitioners are needed to care for the unigue health care needs posed by this new phenomena. Thirdly, the social phenomena of the woman's movement has highlighted the achievements and potential for this silent majority of individuals. Nursing has not been impervious to the effects of this profound social movement. It has facilitated the emergence of a fresh perspective, a new awareness, if you will,of our status as health care professionals. Lastly, but certainly not the least important of all these factors is the emergence of the consumer as a duly qualified participant and critic of health care services. The contemporary consumer is more highly educated and demanding to be involved in health care services than was the case previously. The influx of information provided by all varieties of media - the television, newspapers and magazines has provided the consumer with the most current and updated information on means to potentiate health as well as knowledge of break throughs in medical sciences.

All of these trends have had a tremendous impact on redefining our profession and the nature of nursing. Terms such as 'professional vs. technical nurse', 'clinical nurse specialist', 'nurse practitioner' and 'extended roles' to name a few have crept into the nomenclature of our nursing profession. This contemporary terminology is being used to describe the emergent new focus in nursing. In addition, more nurses are being educated at baccalaureate and graduate levels to meet the rising demands imposed by the changes in health care. For example, while enrollments have been dropping significantly in graduate programs across the country, nursing programs have been able to maintain a steady state.

In fact, new programs are being started during this difficult time in higher education. For example, just in Los Angeles alone, plans are in the formative stages for a new baccalaureate program at the University of Southern California as well as a doctoral program in nursing at UCLA. This is certainly testimony to the significant educational trends in our profession.

As mentioned previously in my speech, our profession made its first definitive push to educate nurses in institutions of higher education rather than in hospital-based schools in 1960. This movement was further substantiated by the 1970 Lysaught Report calling for the development of two essentially related but differing career patterns and the November 1971 Report to the Secretary of Health Education and Welfare on 'Extending the Scope of Nursing Practice.' Our profession had responded to this mandate vigorously as attested by the numbers of graduates from associate and baccalaureate degree programs. Today, only a handful of nurses graduate from diploma programs in comparison.

However, as we in nursing are realizing, this two step career pattern of education is fraught with problems both for the educator and administrator as well. First and foremost, the bureaucratic systems do not adequately recognize the difference between the two levels of nurses. The Board of Nursing Registration in each state has only one licensing examination. Thus the requirement for licensure recognizes only one level of competence. Additionally, health care institutions do not appreciate or recognize the difference in level of practice of these two nursing groups. The differentiation in salary scale is minimal. Levels of responsibility tend to be the same for both groups. Promotional policies do not discriminate

between the associate and baccalaureate degree nurse, although theoretically their educational preparation attempts to do this. Thus the conflicts encountered in this controversey has lead nursing educators to re-examine the educational and occupational status of nursing.

Baccalaureate programs which in the past educated only generic students are now modifying programs to accomodate the associate degree transfer student. Programs are being open to admit the part time working nurse. Examples of program modifications include scheduling of classes in the late afternoons, evenings or weekends. Educational institutions are collaborating with hospital facilities to provide on-site baccalaureate programs.

A major curricular innovation implemented to facilitate career mobility of associate degree nurses is the external degree program which originated in New York. Recently a prototype of this program was initiated on the west coast in conjunction with California State University Long Beach. This program is revoluntionary in the respect that no formal classes are offered. It is a self study program. The thrust of the program is on evaluation of performance according to prescribed behavioral competencies. This program recently received full accreditation from the National League of Nursing attesting to the caliber and strength of the educational methodology. Curricular innovations and modifications as previously mentioned provide additional avenues for upward mobility of two years graduates.

However these directions in upgrading the profession are not limited solely to educational institutions. State associations of nurses are progressing to require higher academic qualifications for licensure. The State of New York is a prime example. By 1985, the minimal requirement for licensure will be a baccalaureate degree. This move certainly testifies to

the fact that nursing is on the move to massive professional reform. Other states are sure to follow New York's example.

I do not intend to imply here that associate degree nurses are soon to become a relic of the past. They are not. Our current system of health care needs them as well as our profession too. They have been, are and continue to be able members of our profession. However, it seems apparent by the contemporary trends of practice that are emergent currently, that concerted and directed efforts are being made to provide reasonable and available means for articulation for associate degree nurses into the baccalaureate program. This educational thrust also indicates that leadership at the associate degree level is appreciative of these trends and are willing to work in collaboration with baccalaureate educators. The success of this transition will be due in part to the joint efforts of educators at both levels of nursing. Much ground work has obviously been laid, but there is much to do in the future. However I am assured that our efforts will be successful; one only has to look back on our efforts of the recent past for evidence.

I would like to close by saying that Associate Degree Programs have, are and will continue to educate men and women who are truely an asset to our profession and other professional groups, the patients they care for, and for society as a whole. They have to be-what could be a more honorable professional goal and commitment than the desire to be of service to those who are ill and ailing? That is the reality and the possibility of our professional commitment.

Thank you very much.

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